



IL-5754 Statement by Person Receiving Gambling Winnings

Who must complete this form?

You must complete Form IL-5754 if you receive payment of Illinois lottery winnings over \$1,000; or gambling, pari-mutuel wagering or sports wagering winnings subject to federal withholding. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G.

What if I need additional assistance?

If you need assistance, visit our website at tax.illinois.gov; call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**; or call our TDD (telecommunications device for the deaf) at **1 800 544-5304**. Our office hours are 8 a.m. to 5 p.m.

Step 1: Winnings information (Complete the following information.)

Date of payment ____/____/____ Type of winnings _____

Total won _____ Illinois Income Tax withheld _____

Write the Social Security number (SSN) or federal employer identification number (FEIN), name, and address of the person to whom winnings were made payable.

Taxpayer identification number (SSN or FEIN)

Name

Street address

City State ZIP

Under penalties of perjury, I declare that to the best of my knowledge and belief the names, addresses, and taxpayer identifying numbers which I have furnished correctly identify me as the recipient of this payment and correctly identify each person entitled to any portion of this payment.

Signature Date

Note: Give your completed and signed form to the person who pays you the winnings.

IL-5754 (R-12/21)

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required.
Failure to provide information may result in this form not being processed and may result in a penalty.

Step 2: Who will receive winnings? (Complete the following information for each person receiving winnings.)

1 _____
Taxpayer identification number (SSN or FEIN) Amount won

Name

Street address

City State ZIP

2 _____
Taxpayer identification number (SSN or FEIN) Amount won

Name

Street address

City State ZIP

3 _____
Taxpayer identification number (SSN or FEIN) Amount won

Name

Street address

City State ZIP

Note: This form is effective beginning January 1, 2022.